

Title: Use of HIV/AIDS Surveillance Data to Guide Perinatal HIV Prevention in Florida, Tallahassee, FL

Organization: Bureau of HIV/AIDS, Florida Department of Health

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Topical Issues of Focus: Use of surveillance data to guide perinatal HIV prevention

Background/Objectives

Florida completes expanded perinatal surveillance (EPS) forms on all perinatally-infected babies born since 1997. These are usually completed within a few months of reporting the case; therefore, the completeness of these data is nearly 100% at any given time.

Methods

Information on babies who were HIV exposed or seroreverted is not currently reportable in Florida. For the purpose of this study, systems have been established in Florida to collect EPS forms on babies born at selected facilities in South Florida (Miami-Dade, Broward, and Palm Beach counties) since 2000 who were HIV exposed or seroreverted. In each of these three counties, different systems are in place to obtain the perinatal birth count, and there is follow-up on all babies.

The primary systems include:

1. Obtaining ICD-9 lists on all HIV-infected mothers who deliver a baby.
2. Receiving copies of all birth certificates indicating the mother is HIV positive.
3. Obtaining lists of all HIV-exposed babies in care through Children's Medical Services.
4. Obtaining lists of HIV-infected pregnant mothers in care at the health department with their expected delivery date and place of delivery.

The goal of the surveillance worker is to complete the EPS form on 100% of the babies found using these systems. However, information on babies who were adopted is limited, and while the baby is often in care, the hospital where the baby was born and/or the information on the mother is unavailable.

Once the EPS forms are completed, they are submitted to the program office in Tallahassee. The information is reviewed carefully for completeness of reporting by the Data Analysis Manager in the Surveillance Section. Once reviewed, they are forwarded to the CDC. Copies of EPS forms for all HIV-infected babies born since 2000 are forwarded to the Early Intervention Section. There, each form is reviewed by the Perinatal HIV Prevention Coordinator to look for a logical flow to the data. Pertinent data are entered into a table highlighting the various components of the perinatal cascade. If there are gaps in the data or the data are conflicting, the Perinatal HIV

Prevention Coordinator will contact the local surveillance worker for clarification. These cases are investigated until the data are complete.

Results

To date there have been no barriers in accessing additional information - all local staff has been most helpful. In a few cases, the EPS form has had to be rewritten by the local surveillance worker as the documentation was inaccurate. In others, the perinatal cases were investigated further in order to clarify how we could improve the current service system.

Conclusions

We have found the enhanced perinatal surveillance forms to be extremely helpful in pinpointing how infants may have become HIV infected, whether through a client-related problem, e.g., drug non-adherence by the mother, or a possible breakdown in the system of care. These data have been invaluable in focusing our perinatal HIV prevention activities by helping us identify which areas of the program need to be strengthened. Specific information obtained from the EPS forms has been used to direct Florida's perinatal provider education program, the perinatal social marketing campaign, and the Targeted Outreach for Pregnant Women Act program services. The data were also a key component of the information packets prepared for the 2002 Florida Perinatal Community Integration Meetings. The collaborative use of the EPS data between Surveillance and Prevention programs will continue in order to identify areas needing improvement to further reduce the perinatal transmission of HIV in Florida.